

Non-Benefit Issued Formula

I have received _____(number of cans/containers) of _____
(size and type of formula) for WIC participant _____
(participant name and number) for the time period of _____ to _____.

I understand WIC is a supplemental program and I may not receive more than the allowed maximum formula benefit from WIC for this time period.

I will notify the WIC Program as soon as possible if my child's formula is changed.

Participant's Signature_____

Date_____

WIC Staff Signature_____

Date_____

(Please scan this form in the participant's file.)